



# National Standards for Diabetes Self-Management Education (May 2000)

## ► PROBLEM STATEMENT

Diabetes Self-Management Education (DSME) is the cornerstone of care for all persons with diabetes who want to achieve successful health-related outcomes. The *National Standards for DSME* are designed to define quality Diabetes Self-Management Education that can be implemented in diverse settings and will facilitate improvement in health care outcomes. The dynamic health care process obligates the diabetes community to periodically review and revise these standards to reflect advances in scientific knowledge and health care.

Therefore, the task force to review the *National Standards for DSME* was convened to review the current standards for their appropriateness, relevancy and scientific basis and to be sure they are specific and achievable in multiple settings. Task force organizations, federal agencies and federally funded programs include:

- ▶ American Diabetes Association
- ▶ American Association of Diabetes Educators
- ▶ The American Dietetic Association
- ▶ Veteran's Health Administration
- ▶ Centers for Disease Control and Prevention
- ▶ Indian Health Service
- ▶ National Certification Board for Diabetes Educators
- ▶ Juvenile Diabetes Foundation International
- ▶ Diabetes Research and Training Centers

You can find the complete manuscript that outlines each education standard, supporting documentation, definition of terms and recommendations for future reviews in: Mensing C, et.al. *National Standards for Diabetes Self-Management Education, Diabetes Care*, 23(5) 682-689, 2000.



The following is a listing of each standard by category:

## ► STRUCTURE

### ■ STANDARD ONE

The DSME entity will have documentation of its organizational structure, mission statement and goals and will recognize and support quality Diabetes Self-Management Education as an integral component of diabetes care.

### ■ STANDARD TWO

The DSME entity will determine its target population, access educational needs and identify the resources necessary to meet the self-management educational needs of the target population(s).

### ■ STANDARD THREE

An established system (committee, governing board, advisory body) involving professional staff and other stakeholders will participate annually in a planning and review process that includes data analysis and outcome measurements and addresses community concerns.

### ■ STANDARD FOUR

The DSME entity will designate a coordinator with academic and/or experiential preparation in program management and the care of persons with chronic disease. The coordinator will oversee the planning, implementation and evaluation of the DSME entity.

### ■ STANDARD FIVE

DSME will involve the interaction of the individual with diabetes with a multifaceted education instructional team, which may include a behaviorist, exercise physiologist, ophthalmologist, optometrist, pharmacist, physician, podiatrist, registered dietitian, registered nurse, other health care professionals and paraprofessionals. DSME instructors are collectively qualified to teach the content areas. The instructional team must consist of at least a registered dietitian and a registered nurse. Instructional staff must be Certified Diabetes Educators (CDE), or have recent didactic and experiential preparation in education and diabetes management.

### ■ STANDARD SIX

The DSME instructors will obtain regular continuing education in the areas of diabetes management, behavioral interventions, teaching and learning skills and counseling skills.

### ■ STANDARD SEVEN

A written curriculum with criteria for successful learning outcomes, shall be available. Assessed needs of the individual will determine which content areas listed below are delivered. Content will include:

- ▶ Describing the diabetes disease process and treatment options
- ▶ Incorporating appropriate nutritional management
- ▶ Incorporating physical activity into lifestyle
- ▶ Utilizing medications (if applicable) for therapeutic effectiveness
- ▶ Monitoring blood glucose, urine ketones (when appropriate) and using the results to improve control
- ▶ Preventing, detecting and treating acute complications
- ▶ Preventing (through risk reduction behavior), detecting and treating chronic complications
- ▶ Goal setting to promote health and problem solving for daily living
- ▶ Integrating psychosocial adjustment to daily life
- ▶ Promoting preconception care, management during pregnancy, and gestational diabetes management (if applicable)



## ► PROCESS

### ■ STANDARD EIGHT

An individualized assessment, development of an education plan and periodic reassessment between participant and instructor(s) will direct the selection of appropriate educational materials and interventions.

### ■ STANDARD NINE

There shall be documentation of the individual's assessment, education plan, intervention, evaluation and follow-up in the permanent, confidential education record. Documentation also will provide evidence of collaboration among instructional staff, providers and referral sources.

## ► OUTCOME

### ■ STANDARD TEN

The DSME entity will utilize a continuous quality improvement process to evaluate the effectiveness of the education experience provided, and determine opportunities for improvement.

